INFORMATION DISCLOSURE STATEMENT	Atty. Docket No. 031038	Serial No. New Appln. 10/650,072
	Applicant(s): Koji TAKAHASHI	
PTO-1449	Filing Date: August 28, 2003	Group Art Unit: 2812

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Examiner Initial		Document No.	Name	Date	Class	Subclass	Filing Date (If appropriate)
1	AA						
	AB						
	AC						
	AD	<u> </u>					

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		Document No.	Date	Country	Translation (Yes or No)	
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